

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09095865</i>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2		1		1			52					
3		2		2			53					
4		0		1			54					
5		0		1			55					
6		0		1			56					
7		1		1			57					
8		1		1			58					
9		2		2			59					
10		2		2			60					
11	1		1				61					
12	1		1				62					
13		1		1			63					
14				1			64					
15							65					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3		2				TOTAL IND.					
TOTAL DEP.	13		14				TOTAL DEP.					
TOTAL CLAIMS	16		14				TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEINOMENTS

FORM PTO-1350 (REV. 3-78)

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